

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81	/					
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86		/				
37							87		/				
38							88		/				
39							89	/					
40							90		/				
41							91		/				
42							92		/				
43							93		/				
44							94		/				
45							95		/				
46							96		/				
47							97		/				
48							98		/				
49							99		/				
50							100	/	/				
TOTAL IND.							TOTAL IND.	14					
TOTAL DEP.							TOTAL DEP.	63					
TOTAL CLAIMS							TOTAL CLAIMS	77					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/					51		/				
102		/					52		/				
103		/					53		/				
104		/					54		/				
105		/					55		/				
106	/						56	/					
107		/					57	/					
108		/					58						
109		/					59						
110		/					60						
111	/						61						
112		/					62						
113	/						63						
114		/					64						
115	/	/					65						
116	/						66						
117	/	/					67						
118	/	/					68						
119	/						69						
120	/	/					70						
121	/	/					71						
122	/	/					72						
123	/	/					73						
124	/	/					74						
125	/	/					75						
126	/	/					76						
127	/	/					77						
128	/	/					78						
129	/	/					79						
130	/	/					80						
131	/						81						
132	/	/					82						
133	/	/					83						
134	/	/					84						
135	/	/					85						
136	/	/					86						
137	/						87						
138	/	/					88						
139	/	/					89						
140	/	/					90						
141	/						91						
142	/	/					92						
143	/	/					93						
144	/	/					94						
145	/						95						
146	/	/					96						
147	/	/					97						
148	/	/					98						
149	/	/					99						
150	/	/					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						